



 <p><b>TRANSMITTAL FORM</b></p> <p><i>(REMAINDER for all correspondence after initial filing)</i></p>	Application Number	09/901,950	
	Filing Date	07/10/2001	
	First Named Inventor	Michael Kocheisen, et al.	
	Group Art Unit	2153	
	Examiner Name	Strange, Aaron N	
Total Number of Pages in this Submission	10	Attorney Docket Number	2000-0623

**Enclosures (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to the Commissioner for Revival of Unintentionally Abandoned Appl. <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Authorization to Act in a Representative Capacity; Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input type="checkbox"/> Additional enclosure(s) (please identify below)
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